

VAPOR RECOVERY THROUGHPUT REPORTING FORM

(One per station)

FACILITY

OWNER OF GASOLINE STORAGE TANKS

Name _____	Company Name _____
Physical Address _____	Owner Name _____
City _____	Address _____
Gasoline Brand _____	City, State, Zip _____
Phone _____	Phone _____
Contact at Facility _____	Contact Name _____

Total # of dispensers _____	Total # of nozzles _____
Number of gasoline tanks _____	Grades of gas in tanks _____

DISTRIBUTORS DELIVERING FUEL TO FACILITY:

2004 ANNUAL GASOLINE GALLONS THROUGHPUT

Gasoline only (All grades): _____

(Commercial information submitted only to determine compliance with N.H. Env-A 1205.)

I certify that the above information is true and correct. _____

(Signature of Owner)

Please return to: N.H. Air Resources Division
Vapor Recovery Program
29 Hazen Drive
PO Box 95
Concord, N.H. 03302-0095

